The Association Between Pain, Hopelessness, and Suicide Risk Among Adult Medical Inpatients





Patrick C. Ryan, BA¹, Nathan J. Lowry, BA¹, Edwin Boudreaux, PhD², Deborah Snyder, L-CSW¹, Cynthia Claassen, MD³, Colin J. Harrington, PhD⁴, David A. Jobes, PhD⁵, Jeffrey A. Bridge, PhD⁶, Maryland Pao, MD¹, Lisa M. Horowitz, PhD, MPH¹



¹Office of the Clinical Director, National Institute of Mental Health (NIMH), ²Chan School of Medicine, University of Massachusetts, ³JPS Behavioral Health (NIMH), ²Chan School of Medicine, University of Massachusetts, ³JPS Behavioral Health (NIMH), ⁴Chan School of Medicine, University of Massachusetts, ³JPS Behavioral Health (NIMH), ⁴Chan School of Medicine, University of Massachusetts, ⁴Alpert Medicine, University of Massachusetts, ⁵The Catholic University of America, ⁶Nationwide Children's Hospital

Background

- Medically ill adults are at elevated risk for suicide, with multiple physical health conditions further exacerbating risk.¹
- Chronic pain of any type has been previously associated with increased suicide death rates.²
- Hopelessness related to a negative medical prognosis may be a risk factor for suicide.^{3, 4}

Aim

 Describe the association between suicide risk, self-reported pain, and hopelessness among a sample of adult medical inpatients.

Methods

- <u>Design:</u> Secondary analysis of multisite suicide risk instrument validation study. ⁵
- <u>Sample:</u> Convenience sample of inpatients enrolled at 4 U.S. hospitals.
- Eligibility Criteria: ≥18 years of age, English-speaking.
- Participants Completed:
- The Ask Suicide-Screening Questions (ASQ) tool,⁵ a 4-item tool to identify suicide risk.
- 2 items about pain:
 - "Do you have chronic pain that affects your daily life?"
 - Pain rating 1-10 scale
- 2 items about hopelessness
 - "In the past few weeks, have you felt hopeless about your medical condition, like things would never get better?"
 - "In the past few weeks, has your medical condition led you to seriously consider killing yourself?"
- Analysis: Binary logistic regression models described the association of suicide risk with chronic pain and hopelessness. A t-test analysis compared pain rating scores by ASQ outcome.

Table 1: Participant Demographics

Demographics	Total (N = 724)	ASQ Positives (N = 112, 15.5%)				
Gender: Male Female Unknown	386 (53.3%) 336 (46.4%) 2 (0.3%)	51 (45.5%) 61 (54.5%) -				
Race/Ethnicity: White Black Other Multiple races Asian Pacific Islander Latino/Hispanic	450 (62.2%) 141 (19.5%) 30 (4.1%) 23 (3.2%) 20 (2.8%) 2 (0.3%) 58 (8.0%)	74 (66.1%) 16 (14.3%) 4 (3.6%) 4 (3.6%) 1 (0.9%) - 13 (11.6%)				
Mean Age: (Range: 18-93)	50.2 [16.3]	47.1 [14.6]				

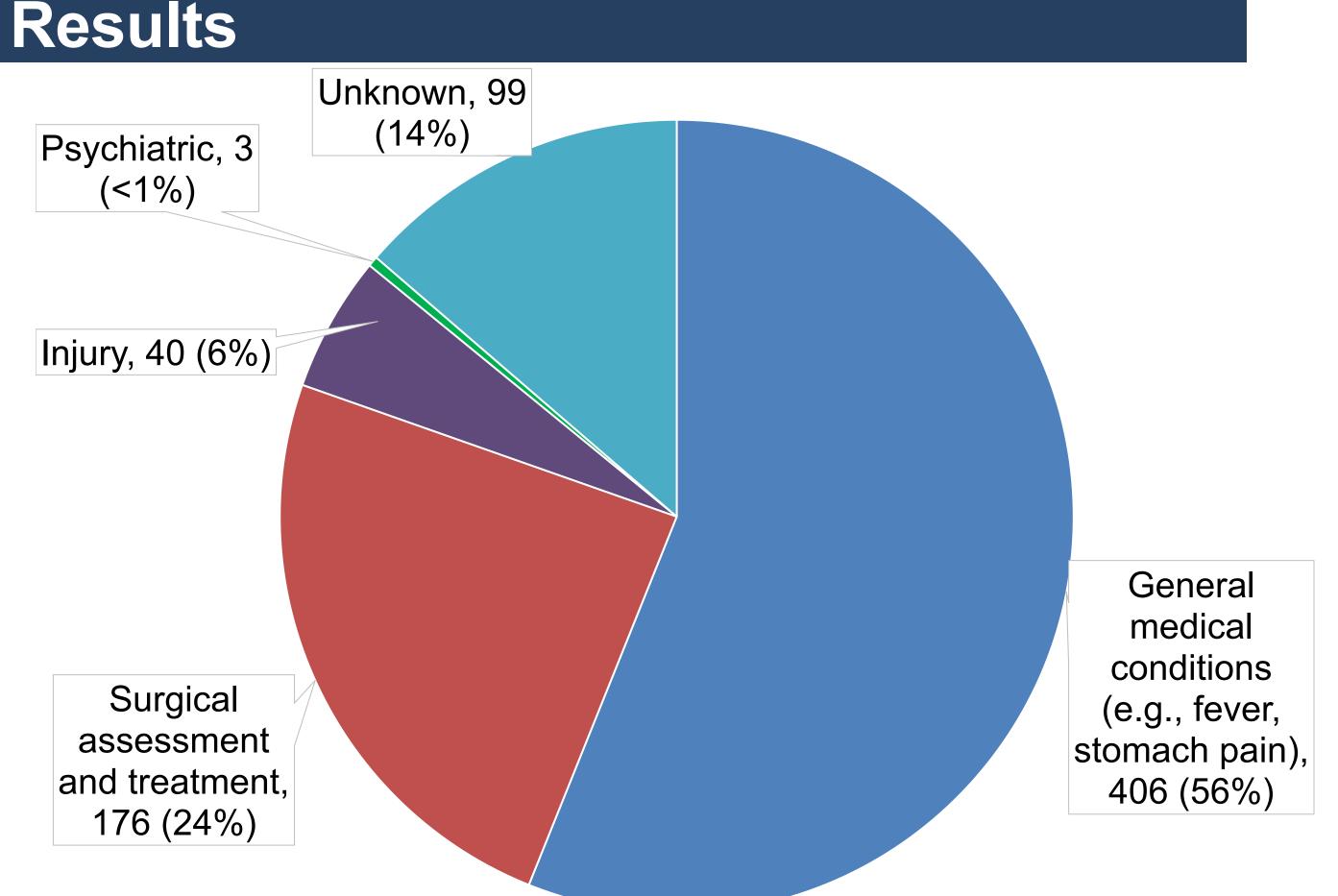


Figure 1: Reason for Inpatient Admission (N=724)

Table 2: Logistic Regression Model for Association Between Pain, Hopelessness, and Suicide Risk

Predictor	Odds Ratio [Exp(β)]	Standard Error	z value	p value	95% CI		
In each model, suicide risk was the outcome. Both models were adjusted for age and sex.							
Presence of chronic pain	3.25	0.23	5.14	< 0.001	2.10 – 5.17		
Hopeless about medical condition	6.25	0.22	8.30	< 0.001	4.07 – 9.68		

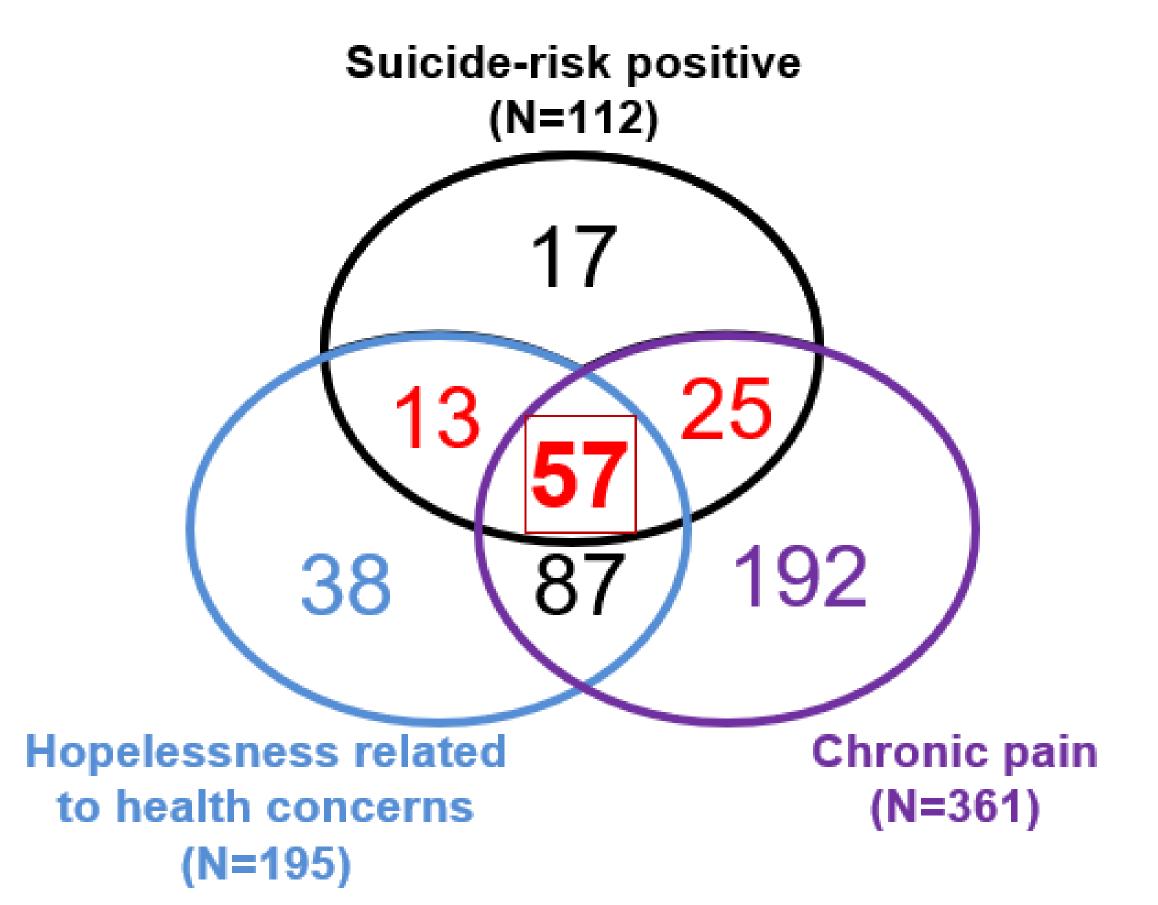


Figure 2: Relationship Between Suicide Risk, Hopelessness, and Pain

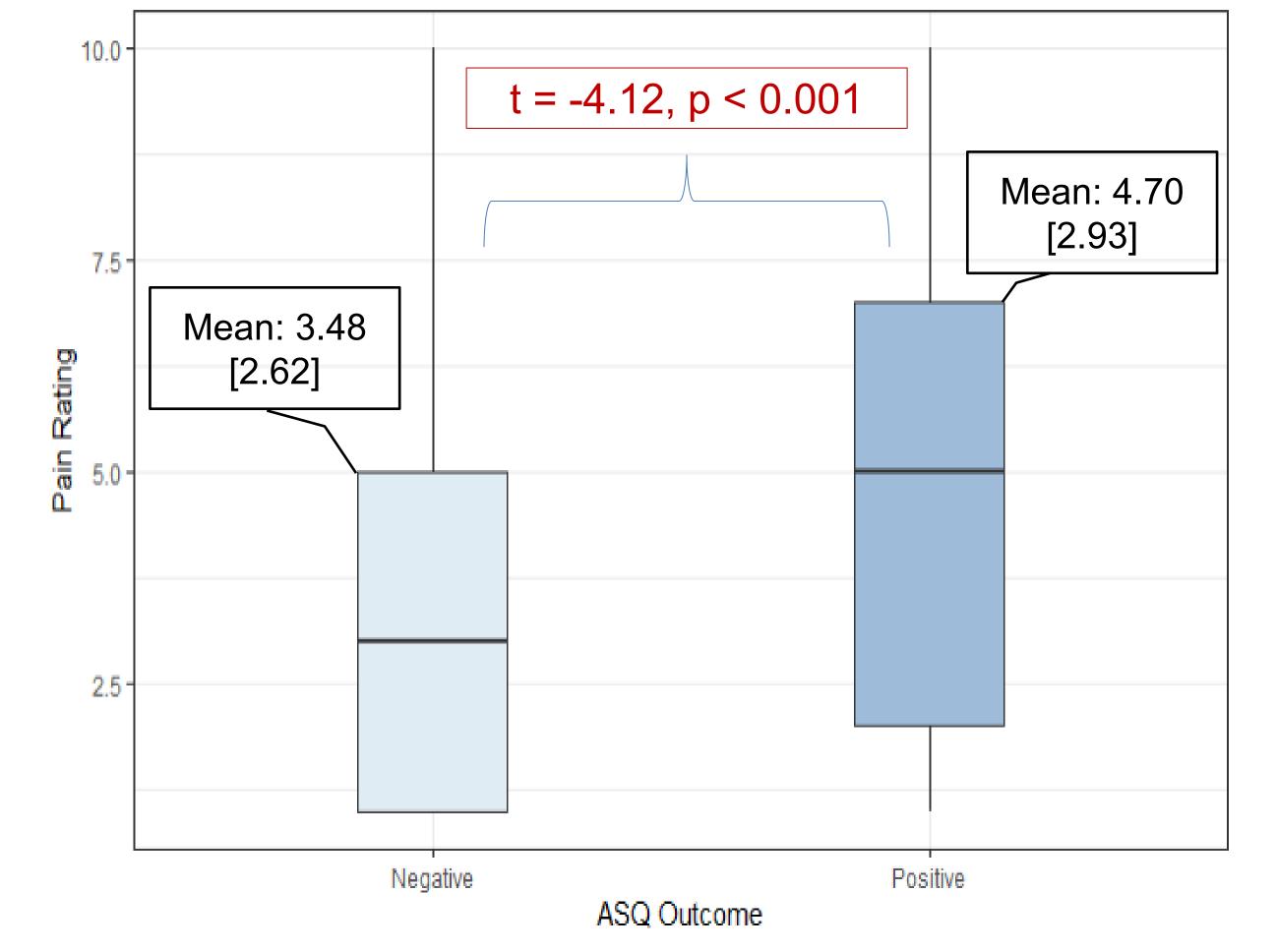


Figure 3: Pain Rating by ASQ Outcome

Medical condition as a reason for SI: 20 (2.8%) individuals reported that their medical condition led them to seriously consider killing themselves. Of those, 19 (95%) were positive on the ASQ.

Discussion

- The presence of chronic pain and higher pain scores are significantly associated with elevated suicide risk.
- Self-reported feelings of hopelessness about a medical condition may be a risk factor for suicidal thoughts and/or behavior.
- 57 (8%) individuals endorsed the triad of suicidal thoughts/behavior, chronic pain, and hopelessness related to their medical condition.
- Future analyses should examine how the chronicity and prognosis of medical conditions relate to suicide risk.

Limitations

- Individuals with severe illness or intense pain may be less likely to enroll in a research study, contributing to potential underestimation.
- The study did not monitor changes in physical condition or pain over time.
- Pain ratings and experiences are subjectively rated via self-report.

Conclusions

 There is a strong association between medical suffering and suicide risk. These findings highlight the importance of universal screening of adult medical patients for suicide risk in healthcare settings.

References

- Ahmedani BK, Peterson EL, Hu Y, et al. Major Physical Health Conditions and Risk of Suicide. Am J Prev Med. 2017;53(3):308-315. doi:10.1016/j.amepre.2017.04.001
- Racine M. Chronic pain and suicide risk: A comprehensive review. Prog Neuropsychopharmacol Biol Psychiatry. 2018;87(Pt B):269-280. doi:10.1016/j.pnpbp.2017.08.020
- 3. Kolva E, Hoffecker L, Cox-Martin E. Suicidal ideation in patients with cancer: A systematic review of prevalence, risk factors, intervention and assessment. Palliat Support Care. 2020;18(2):206-219. doi:10.1017/S1478951519000610
- 4. McFarland DC, Walsh L, Napolitano S, Morita J, Jaiswal R. Suicide in Patients With Cancer: Identifying the Risk Factors. Oncology (Williston Park). 2019;33(6):221-226.
- Horowitz LM, Snyder DJ, Boudreaux ED, et al. Validation of the Ask Suicide-Screening Questions for Adult Medical Inpatients: A Brief Tool for All Ages. Psychosomatics. 2020;61(6):713-722. doi:10.1016/j.psym.2020.04.008

Acknowledgements

This work was supported in part by the Intramural Research Program (ZIAMH002922) of the National Institute of Mental Health. Disclosure: The authors have no financial relationships or conflicts of interest to disclose. The authors would like to thank June Cai, Tram Dao, and John F Chaves for their instrumental contributions to this study.